

PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

10,088,634

CLAIMS AS FILED - PART I

FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA
BASIC FEE (37 CFR 1.14(c))		
TOTAL CLAIMS (37 CFR 1.14(c))	22 minus 20 =	2
INDEPENDENT CLAIMS (37 CFR 1.14(c))	2 minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.14(d))		

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	FEE		RATE	FEE
	370.00	OR		\$
x 9 =	18.00	OR	x \$ =	
x =	50.00	OR	x =	
+		OR	+	
TOTAL 320.00		OR	TOTAL	

* If the difference is negative, enter "0" in column 2.

CLAIMS AS AMENDED - PART II

AMENDMENT A	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) MINUS	(Column 3) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 4) PRESENT EXTRA
Total (37 CFR 1.14(c))	21	Minus	22	=
Independent (37 CFR 1.14(c))	2	Minus	3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.14(d))				

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
x \$ =		OR	x \$ =	
x =		OR	x =	
+		OR	+	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) MINUS	(Column 3) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 4) PRESENT EXTRA
Total (37 CFR 1.14(c))	21	Minus	22	=
Independent (37 CFR 1.14(c))	2	Minus	3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.14(d))				

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
x \$ =		OR	x \$ =	
x =		OR	x =	
+		OR	+	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) MINUS	(Column 3) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 4) PRESENT EXTRA
Total (37 CFR 1.14(c))		Minus		=
Independent (37 CFR 1.14(c))		Minus		=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.14(d))				

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
x \$ =		OR	x \$ =	
x =		OR	x =	
+		OR	+	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Fees will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.